

AMENDMENTS TO THE CLAIMS

Without prejudice, this listing of claims will replace prior versions, and listings, of claims in the application:

Listing of Claims:

1. (currently amended) A method of treating a patient having an acute myocardial infarction comprising:

administering to said patient an effective amount of a formulation comprising an inhibitory agent encapsulated within a suitable carrier from ~~0.03-4~~ 0.03 to 1.0 micron in size, wherein the formulation reduces a myocardial zone of infarct, thereby minimizing the damage to said patient resulting from said acute myocardial infarction.

Claims 2 – 3. (cancelled)

4. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation inhibits blood monocytes or tissue macrophages.

5. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation depletes blood monocytes or tissue macrophages.

6. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation has a size range of ~~0.01-4~~ 0.01 to 1.0 microns.

7. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation has a size range of ~~0.1-0.5~~ 0.1 to 0.5 microns.

8. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation has a size range of ~~0.1-0.3~~ 0.1 to 0.3 microns.

9. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation has a size range of ~~0.1-0.18~~ 0.1 to 0.18 microns.

10. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the inhibitory agent is an intra-cellular inhibitor.

Claims 11 – 15. (cancelled)

16. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the formulation can primarily enter a cell via phagocytosis.

17. (currently amended) The method as in ~~one of claims 1-3~~ claim 1, wherein the inhibitory agent is a bisphosphonate.

18. (cancelled)

19. (original) The method according to claim 17, wherein the bisphosphonate is selected from the group consisting of clodronate, etidronate, tiludronate, pamidronate, alendronate and risendronate.

20. (previously presented) The method according to claim 1, wherein the suitable carrier is a liposome.

Claims 21 – 22. (cancelled)

23. (original) The method according to claim 4, wherein inhibition of said monocytes or macrophages occurs through phagocytosis of the formulation.

24. (original) The method according to claim 5, wherein depletion of said monocytes or macrophages occurs through phagocytosis of the formulation.

25. (currently amended) A method of treating a patient having an acute myocardial infarction followed by myocardial necrosis comprising:

administering to said patient an effective amount of a formulation comprising a bisphosphonate encapsulated within a suitable carrier from 0.03-4 0.03 to 1.0 micron in size, thereby minimizing damage resulting from the myocardial necrosis to said patient.

26. (previously presented) The method according to claim 25, wherein the suitable carrier is a liposome.

Claims 27 – 30. (cancelled)

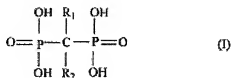
31. (previously presented) The method according to claim 25, wherein the formulation inhibits blood monocytes or tissue macrophages.

32. (previously presented) The method according to claim 25, wherein the formulation depletes blood monocytes or tissue macrophages.

33. (original) The method according to claim 31, wherein inhibition of said monocytes or macrophages occurs through phagocytosis of the formulation.

34. (original) The method according to claim 32, wherein depletion of said monocytes or macrophages occurs through phagocytosis of the formulation.

35. (currently amended) The method according to claim 1, wherein said inhibitory agent has formula (I):



wherein R₁ is H, OH or halogen group; and

R₂ is halogen; linear or branched C₁–C₁₀ alkyl or C₂–C₁₀ alkenyl, optionally substituted by heteroaryl or heterocyclyl C₁–C₁₀ alkylamino or C₃–C₈ cycloalkylamino, where the amino may be a primary, secondary or tertiary amine; -NHY where Y is hydrogen, C₃–C₈ cycloalkyl, aryl or heteroaryl; or -SZ, where Z is chlorosubstituted phenyl or pyridinyl.

Claims 36 – 38. (cancelled)

39. (previously presented) The method according to claim 1 or 25, wherein the formulation is administered during reperfusion.

40. (currently amended) A method of treating a patient in need thereof comprising administering to said patient an effective amount of a formulation comprising an inhibitory agent encapsulated within a suitable carrier from 0.03–4 0.03 to 1.0 micron in size, wherein said formulation is capable of reducing a myocardial zone of infarct and is administered immediately prior to or during a procedure where an acute myocardial infarction in said patient is probable.

41. (original) The method according to claim 40, wherein the procedure is a percutaneous transluminal coronary angioplasty.

Claims 42-70. (cancelled)

71. (currently amended) A method of treating a patient having an acute myocardial infarction followed by myocardial necrosis comprising:

administering to said patient an effective amount of a formulation comprising an inhibitory agent encapsulated within a suitable carrier from 0.03–4 0.03 to 1.0 micron in size, thereby minimizing damage resulting from the myocardial necrosis to said patient.

72. (previously presented) The method according to claim 71 wherein the treatment method improves ventricular remodeling.